Spring 1979

children today

Year in Review Issue
1978

Spring 1979

Page 2 . . . . . Message from the Chairman of the Board
Page 3 . . . . . Message from the President
Page 5 . . . . . 1978: Activity and Accomplishments
Page 18 . . . . . Children's Hospital's 110th Anniversary
Page 20 . . . . . The International Year of the Child
Page 22 . . . . . Patient and Personnel Statistics
Page 23 . . . . . Report of the Treasurer
Page 24 . . . . . Condensed Balance Sheet
Page 26 . . . . . Statement of Revenues and Expenses
Page 27 . . . Listings: People, Departments, and Programs

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The Year in Review

The Children's Hospital Medical Center, founded in 1869, is a voluntary, nonprofit teaching hospital affiliated with Harvard Medical School. The largest and second oldest pediatric hospital in the country, it is dedicated to patient care, research, and teaching, and offers comprehensive health care services for patients from birth through young adulthood.

William W. Wolbach

Throughout its 110-year history, the Children's Hospital Medical Center has earned its position of leadership among pediatric health care institutions by providing high-quality health care, by solving the puzzles of disease and illness through research, and by sharing its knowledge through outstanding teaching programs.

Reviewing the activities and achievements at Children's Hospital during this past year, again I see this quality of leadership strongly in evidence.

As an increasingly complex, modern institution, Children's Hospital requires an increasingly effective governing process.

The decision of the trustees to streamline the hospital's organizational structure during this past year was a necessary and significant move in developing the best and most efficient leadership system possible.

This restructuring was accomplished in two steps. At last year's annual meeting the trustees voted for a major reorganization which merged the Board of Trustees and the Corporation into a single Board of Trustees. A Board of Managers was then established with the responsibility to determine overall policy for the medical center. The second step was the recent formation of the Executive Committee of the Board of Managers.

Composed of representatives of the Board of Managers and the Medical Staff, the Executive Committee meets bi-weekly to examine important proposals, relate them to the hospital's overall goals, and either take action or route matters needing further consideration through the appropriate committees of the board.

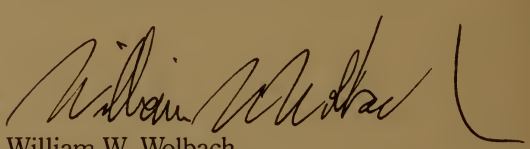
Over the past year the Board of Managers has shown notable productivity in its operations, as have the committees that report to it. The initial efforts of the Executive Committee show obvious signs of success in further streamlining the governing process.

Just as I am proud of the increasing efficiency of our governing bodies, so too am I pleased with the institution's successes in significantly improving its financial picture. During the past year major strides were made to increase reimbursement and to improve our budgeting processes and the overall management of our financial affairs.

As nationwide concern over health costs builds, Children's continues to be a forerunner in implementing successful cost containment programs and determining new ways to achieve cost-savings. And today, while our financial activities must continue to be closely and carefully monitored, the hospital's fiscal picture is a healthy one.

This has been David Weiner's first full year as president of Children's Hospital and I would like to congratulate him for the many important projects which have been initiated with the support of the medical staff and his administrative team.

I would also like to thank and congratulate the hospital's trustees, medical staff, employees, Women's Committee, Children's Hospital League, volunteers, and donors for their outstanding efforts and continued dedication. For it is this dedication which will guarantee for Children's Hospital the leadership position it now holds.



William W. Wolbach
Chairman of the Board

I am pleased to reflect upon the accomplishments of 1978 and I also look forward to this year's celebration of the 110th anniversary of Children's Hospital. It is especially fitting that this commemoration coincides with the United Nations International Year of the Child, an observance dedicated to seeking improvements in the status of children throughout the world.

While we can take pride in the tremendous advances that have been made in pediatric health care since the hospital's founding in 1869, the Year of the Child reminds us of the formidable challenges that remain.

This is an appropriate time to rededicate ourselves to the goals of excellence in care and the quest for new knowledge that have been the hallmarks of Children's Hospital. This tradition of excellence has become well known not only because we provide the best in patient care, but also because of our extensive research and teaching programs which help to improve the lives of children everywhere.

In 1978 we again confirmed our pursuit of these goals. The Multidisciplinary Intensive Care Unit, now under construction, is a visible sign of our continued commitment to meet the needs of our sickest patients, those for whom the specialized resources of Children's Hospital offer the best hope for survival and restored health. This unit will have the most technologically advanced life support equipment and will be staffed by the most highly trained professionals.

In addition to responding to advances like these in the technology of medicine, we also continue to respond to the social and psychological needs of children and adolescents. This emphasis is evident in the development of a strong institutional commitment to parent participation and in the realization that the welfare of the child is inextricably interwoven with the family. And with a growing national awareness of issues such as child abuse, our role as child advocate is becoming increasingly clear.

As President of the National Association of Children's Hospitals and Related Institutions (NACHRI) during this past year, I gained additional perspectives on the unique role of children's hospitals and the particular problems facing them. We commissioned a major study to compare children's hospitals with adult general hospitals of similar bed size, both in terms of the medical and nursing requirements

David S. Weiner

of their patients and the costs of meeting those requirements. The results of the study were significant.

It was learned that patients admitted to the children's hospitals in the study were more acutely ill and needed more intensive, specialized nursing care than patients at the adult hospitals. Medical procedures took longer with younger patients and required more staff members. The geographic area served by children's hospitals was generally greater, affirming the role of the children's hospital as a regional center for the most complicated pediatric referrals. The children's hospitals provided more free care and received less reimbursement from third parties, indicating a greater dependence on philanthropy. In addition, major teaching and research programs, which also tended to increase operating costs, were more prevalent at the children's hospitals studied.

I believe that the very uniqueness of children's hospitals as pointed up in this study is an indication of our primary strength: the ability to serve the specialized needs of young patients in the most comprehensive

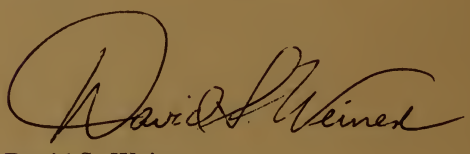
way. The benefits of that uniqueness are visible daily at the Children's Hospital Medical Center. Yet the fragile condition of financing health care for children today, combined with an increasing climate of governmental regulation, threatens our continued mission.

The differences between children's hospitals and general hospitals are real and quantifiable, and behind the cost variances stand the clear facts that children's hospitals are providing more specialized and more intensive care to their patients than are general hospitals. Children's hospitals are delivering a different "product" than general hospitals. If children's hospitals are to continue to exist as we know them, this difference should be acknowledged and dealt with by governmental policy makers, regulators, and third party reimbursers.

It is clear that the operation of health care institutions such as ours is becoming increasingly complex. Yet I think that the past year provided one of the finest examples of what Children's Hospital has at its core – caring people.

Millions of New Englanders will remember 1978 as the "Year of the Blizzard." This emergency taxed nearly every person and institution throughout the state. Yet this monumental storm, with all of its incredible problems, provided a unique chance for us to demonstrate the spirit of teamwork, mutual respect, and compassion which makes Children's a very special place.

Continuity of patient care was of utmost importance during this potentially dangerous period. People worked extra shifts, took on unaccustomed duties, and made extraordinary efforts to get to the hospital – even by walking or skiing from faraway places – when all normal transportation had come to a standstill. It was a true test of the fiber of this medical center that the many needs of our patients were met. Indeed, through the dedication, ingenuity, and selflessness of all concerned, the Children's Hospital family turned a major blizzard into a triumph of cooperation and institutional strength.



David S. Weiner
President

1978: Activity and Accomplishments

Right: Artist's rendering of the Multidisciplinary Intensive Care Unit.

Below: Construction in progress above the Surgery-Radiology Pavilion.

The year 1978 at the Children's Hospital Medical Center was filled with activity and accomplishments.

It was a year of expansion and of completion; a year of social issues as well as medical issues; a year of community concern as well as national and international involvement. And clearly it was a year of continuing dedication to the well-being of our patients.

New Intensive Care Unit. The Children's Hospital Medical Center took a most significant step this past year in its efforts to continue providing the highest possible level of pediatric care.

In February of 1978, plans for a 36-bed Multidisciplinary Intensive Care Unit (MICU) received the unanimous approval of the state Public Health Council. Construction began in October on the two-story addition which will house this concentrated, exactingly-designed intensive care unit. The unit, being built above the Surgery-Radiology Pavilion, is expected to be completed by the fall of this year.

The need for the intensive care unit is clear. Children's Hospital each day must respond to the special needs of acutely ill or injured youngsters. Yet, intensive care facilities at Children's are limited. The modern Neonatal Intensive Care Unit and the older Cardiac Intensive Care Unit both serve specialized patient populations. "Special care" beds for patients in critical condition are located on several divisions, but most of these were established on a "temporary" basis.

The new Intensive Care Unit will centralize this fragmented system for delivering intensive care to patients. Without increasing the hospital's total bed count, approximately 10 percent of the beds will now be for pediatric intensive care.

The 36-bed unit will incorporate the 10 cardiac beds now located in the present Cardiac Intensive Care Unit. Specially trained intensive care nurses will be on duty around the clock. The most sophisticated support equipment will be located on the unit. Patients' vital functions will be centrally monitored on a continuous basis.

Each floor will include isolation rooms, single bed stations, and multi-bed stations, all visible from the core control centers. There will also be a family center area on each floor.

When completed, this modern intensive care unit will enable Children's to provide the best care possible for the child who is critically ill or injured.

Top: In July, the first steps in construction were taken with the outlining of the floor plan on the roof of the Surgery-Radiology Pavilion.

Right: Crew members put insulation in place for workers' protection during the mid-winter period of construction.

Above: Early stages of construction on one floor of the unit.

New Poison System established. An expanded, statewide Poison Control System, established early last year, is providing immediate information on emergency poison treatment to people throughout Massachusetts. Located at Children's Hospital, the system is supported through the cooperative efforts of Children's Hospital, the Massachusetts Department of Public Health, the Massachusetts College of Pharmacy, Tufts–New England Medical Center, the University of Massachusetts Medical School and other hospitals located throughout the state.

A system of poison control centers had previously been in operation in Massachusetts, working to avert thousands of tragedies. However, the old system was not as effective as it could be.

The newly created system streamlines and, at the same time, expands services. Creating one information center eliminates costly duplication of services and provides more accurate information faster.

The information phone line at the center is open 24 hours a day, seven days a week. During 1978, nearly 45,000 calls for assistance came to the poison center. Professionals trained to serve as poison information specialists staff the phone line. Clinical toxicologists and medical specialists provide information on more serious poisoning cases.

One particularly dramatic case occurred when the crew and passengers on a Greek ship sailing off the coast of Cape Cod became sick. The poison control center helped to determine that the people aboard the ship had become ill as a result of leakage of a fumigant that released a poisonous gas.

The poison control center has been computerized, increasing its efficiency in handling the large numbers of calls. The center is also linked into a central computer at the National Clearing House for Poison Information in Washington, D.C.

An education program in toxicology for physicians, a public education program, and consultation services are among the other functions of the Massachusetts Poison Control System.

School of Nursing closes. The spring of 1978 marked the end of a proud tradition with the closing of the 89-year-old Children's Hospital School of Nursing.

The School of Nursing was founded in 1889 by the Sisters of St. Margaret, an Episcopal order whose members had served as the hospital's nurses and administrators since 1873. Over the years the school's graduates gained world-wide recognition for quality in pediatric nursing.

In 1971, a trustee committee was formed to consider the school's future. After careful study and in view of changing trends in nursing education, the decision was made to close the school. At the same time, a commitment was made to seek a means of continuing the school's philosophy.

After thorough investigation, a decision was made in 1974 to merge the hospital's

resources with those of Curry College in Milton in a collaborative program. The new program allows students to achieve an associate degree and meet requirements for licensure in three years and also enables them to obtain a baccalaureate degree after five years of study.

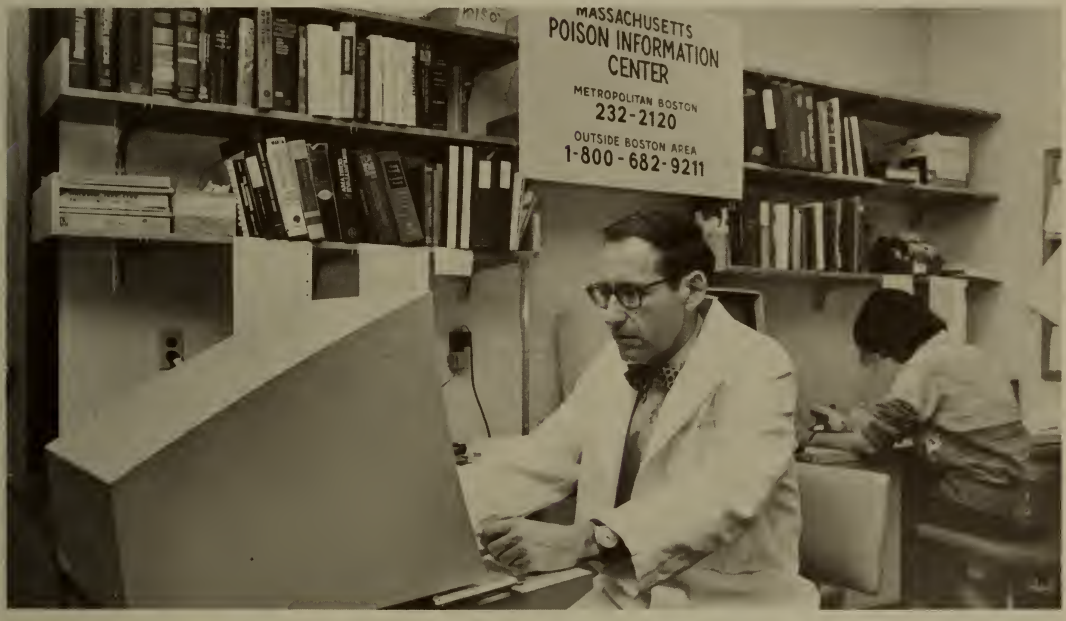
The familiar Children's Hospital square nursing cap endures, however. This symbol of pride and excellence for many years has been adopted by the Curry College Division of Nursing.

Focus on adolescents. Patients over the age of 12 now constitute over one third of Children's Hospital's inpatient population. The hospital continually seeks ways to meet the unique needs of these adolescents and young adults through its medical services and special programs.

Concern for the special needs of the older patient was highlighted during the past year with the completion of an adolescent and young adult activity room on Division 37.

The room, complete with ping pong table, pinball machine, and the beat of the Bee Gees, provides a most unhospital-like atmosphere for the older patient to "leave" the hospital for a time and enjoy the company of peers.

In addition, disco dances were initiated last year. Planned activities such as these dances, pizza parties and movies, along with the new activity room, are all visible indications of the increased awareness that Children's Hospital is a medical center for the older patient as well as for the younger child.



Opposite: Members of the last class of the Children's Hospital School of Nursing at graduation exercises in May.

Above: Dr. Frederick H. Lovejoy, Jr., director of the Massachusetts Poison Information System, demonstrates one of the computer terminals at the center's opening early last year.

Left: A disco dance for adolescent and young adult patients in full swing.

CCHP program expanded. The Comprehensive Child Health Program (CCHP) was expanded last year to meet the growing demand for services. A gift from the Women's Committee made it possible to renovate and enlarge the CCHP area. Further renovation, also funded by the Women's Committee, is going forward this year.

The CCHP was first established in 1974 to provide health care to children in the community who had no regular source of care. Many families who were without a family doctor had previously used the Emergency Room for basic child health services such as immunizations.

CCHP has proven to be highly effective in meeting the health needs of a large number of local families. The program presently follows over 7,000 young patients. Continuing personalized care is provided, including preventive medicine and screening for conditions such as lead poisoning and sickle cell anemia. The evening clinic, conducted three times a week, and 24-hour telephone coverage make CCHP care always available.

Solar energy comes to Children's. During the past year, a solar energy plant, which provides space heat and hot water, was put into full operation on the roof of the Enders Research Building.

The unit, supported by a $190,000 grant from the U.S. Department of Energy, is a pilot project to demonstrate the practicality of solar energy in the Northeast as an alternative to traditional sources of energy. Only two other hospitals in New England use any form of solar energy.

This project is only one part of a constantly expanding energy program that began at Children's three years ago. The resulting savings from the overall program are substantial. In fact, it is estimated that the conservation program will be able to cut the cost of energy at the hospital by 25 percent.

Opposite and Left: The solar energy panels on the roof of the Enders Research Building.

Above: A young patient and her family visit the Comprehensive Child Health Program.

Diagnostic Test Center. The Special Diagnostic Test Center, the result of several years of planning, opened at Children's last November. The center eliminates the need for many children to be admitted to the hospital for tests.

Made possible through a gift from the Children's Hospital League, the center provides a comfortable setting where a number of diagnostic tests can be administered on an ambulatory basis.

Much of the testing deals with hormonal and gastrointestinal studies that require several hours to perform. Most of them require the patient to have an intravenous line in place so that blood can be drawn every half hour or so for laboratory studies. For all the tests, a nurse and technician must be present to observe the patient and take blood samples.

The center not only eliminates the anxiety and discomfort which often accompany a child's overnight stay, but also significantly reduces many of the costs involved with inpatient care.

Child abuse an issue. Child abuse became a major issue in 1978, especially in Massachusetts, where news stories of tragic cases generated great public awareness and concern. The Children's Hospital Trauma X Team became a primary resource for media people, government officials, and others in need of a knowledgeable opinion on this extremely sensitive social issue.

The Trauma X Team, which consults in all the hospital's child abuse cases, consists of a physician, social worker, psychiatrist, registered nurse, and attorney. Nationally recognized as authorities on child abuse, members of the team participated in numerous local and national TV documentaries and panels, and were quoted in countless other press stories concerned with this controversial topic.

New dental facility planned. Last April Children's Hospital received Certificate of Need approval for construction of a modern multi-chair facility for the Dental Department.

The unit, expected to be completed this coming year, will be designed to provide the special services and procedures necessary for the dental care of patients with complicated medical conditions.

Patients who will be given special care have conditions that put them at greater risk of having dental problems or that require special training to manage. These patients include those with hemophilia, cystic fibrosis, cardiac or pulmonary complications, and those receiving chemotherapy. The new unit will also provide primary care to children in the local community.

Wrentham project proves successful. The Wrentham State School-Children's Hospital program which was initiated in 1975 has continued to grow stronger. The experience of the past year has proven that it is an experiment that has worked.

The relationship between Wrentham and Children's began with the signing of a contract with the Massachusetts Department of Mental Health in which the hospital agreed to provide medical care and habilitative services for the patients at Wrentham. Wrentham is a state residential facility that cares for 1,200 mentally retarded individuals.

This arrangement marked the first time the Commonwealth had contracted with a private health care institution to provide comprehensive care for residents of a state facility.

Its success is strong proof that the state and the private sector can work together successfully.

Opposite: A patient is examined in the Dental Department's mock dental suite, the prototype for the modern units to be built in the new facility.

This page top: A nurse practitioner caring for a child in one of the living units at the Wrentham State School.

Bottom: The new Special Diagnostic Test Center, brightened by a skylight, is an attractive, comfortable setting for the administration of tests that take several hours to perform.

Research at Children's. Last year Children's Hospital's research efforts attracted over $13 million. The largest pediatric research center in the world, Children's led all pediatric institutions in funding received and it ranks as the fourth largest recipient of federal grant funds among all United States hospitals.

A full description of research at Children's would include nearly every area of pediatrics. Research reported by investigators this year touched on a multitude of clinical, developmental, and basic science topics.

Examples of research activities reported last year give some indication of the scope of these efforts. In the late summer, researchers at Children's and the Sidney Farber Cancer Institute were reported in *The New England Journal of Medicine* as the first to successfully apply new gene-analyzing techniques to prenatal diagnosis of an inherited disease.

The research team was able to determine whether or not an unborn baby had a serious blood disease called delta beta thalassemia.

The techniques, developed in research facilities across the country, were applied clinically for the first time here at Children's.

Although at present the techniques can be used only to detect two very rare forms of thalassemia, this achievement offers hope that the techniques may be adapted to the diagnosis of other inherited diseases.

In the early winter, surgical researchers at Children's Hospital reported that they had found a substance in human breast milk that may promote growth and healing in newborns. The breast milk factor, they discovered, is five times more powerful than growth factors found in the bloodstream.

The 14-story John Enders Pediatric Research Laboratories.

It is felt that the newly discovered breast milk factor may play a role in stabilizing the gastrointestinal tract of seriously ill newborns and may also play a positive role in a low incidence of peptic ulcers of newborns who are breast fed.

Children's is also very involved in many clinical studies. For example, CHMC is coordinating a $2.5 million national study of a common and often serious heart defect, patent ductus arteriosus. The study seeks to determine the most efficient treatment for this defect in the critically ill newborn. Children's physicians are the principal investigators and administer this study involving eleven leading medical institutions across the country.

Two year accreditation received. In October of 1978 Children's was notified that it had received a full two-year accreditation from the Joint Commission on Accreditation of Hospitals (JCAH). The JCAH review is the most comprehensive institution-wide inspection that Children's and all other hospitals must undergo. Accreditation by the JCAH is considered a sign of quality for health care institutions.

And finally, a retrospective of the events of 1978 would be incomplete without a look back on the great **February Blizzard...**

1979: Celebration and Commemoration

This red brick house on Rutland Street in Boston's South End was the first site of Children's Hospital.

In 1882 the hospital moved to this building on Huntington Avenue.

In 1914, the hospital relocated to its present site on Longwood Avenue. This 1919 photograph shows that the move was "out to the country."

Today's modern main entrance.

Ten years ago, Children's Hospital observed its 100th anniversary, and there was much to celebrate. Dramatic progress had been made in the prevention and treatment of childhood diseases since 1869, and the hospital's contributions to that progress had been great.

In those 100 years, Children's had grown from 20 beds, housed in a three-story residential brick building in Boston's South End, to become the largest children's hospital in the country, located in the midst of a hub of medical and scientific activity in the Harvard Medical Area.

Concurrent with that growth, the field of pediatrics emerged as a specialty and continuously added to the arsenal of knowledge and techniques to combat the many conditions that afflicted children.

When Children's Hospital first opened, a leading cause of death was bacterial diseases that were transmitted through contaminated food, milk, and water. Little could be done to treat these conditions beyond providing rest, good food, a clean environment, and fresh air and sunshine.

A century later, these diseases had long been virtually eradicated through the joint forces of public health efforts, bacteriology, and, more recently, antibiotics. Many conditions, such as diphtheria and polio, that had been killers and cripplers of thousands of children, could be prevented entirely through vaccination. Sophisticated surgical techniques had been developed to correct life-threatening congenital defects, including those of the heart. And research was uncovering the mechanisms behind a whole range of complex conditions, leading to many successful therapeutic solutions.

Yet the past decade has not been merely one-tenth of another century in the hospital's history. Medical advances have accelerated logarithmically since 1969, and this has been a period of unparalleled growth for the Children's Hospital Medical Center.

The hospital's research building, completed in 1970, is both the physical symbol and site of many of those advances. It is the largest structure in the world devoted to pediatric research and has brought together physicians and scientists from many fields. Many new approaches to childhood diseases have come from this concentration of efforts in basic, behavioral, and clinical research.

In the past 10 years, the entire field of newborn medicine has grown rapidly, and infants who would not have lived beyond the first hours of life in 1969 are now surviving and thriving. Total correction of heart defects is being performed on young patients only hours old. The outlook for many forms of childhood cancer has improved dramatically.

The first kidney transplant at Children's was performed less than 10 years ago, and the hospital is now a regional center for dialysis and transplantation. The mysteries of many complex metabolic and immunologic diseases have been analyzed and understood, paving the way for treatment. And advanced technology has made possible many new therapeutic techniques. Striking progress has been made over the past decade in virtually every area of pediatric medicine.

Such a pace promises even more for the future. Throughout the hospital's 110 years of existence, the methods of medicine have changed drastically. But the theme has consistently remained the same – the improvement of health care for children.

Children's Hospital's 110th Anniversary

The International Year of the Child

In 1976, the United Nations General Assembly passed a resolution declaring 1979 as the "International Year of the Child." This observance will celebrate all that has been done to improve the welfare of children. But, more importantly, the International Year of the Child will focus upon the still unmet needs of the world's children.

The United Nations declaration stated, "Far too many children, especially in developing countries, are undernourished, are without access to adequate health services, are missing the basic educational preparation for the future and are deprived of the elementary amenities of life."

These problems are not limited to developing countries, however. President Carter named a National Commission on the Year of the Child. This commission is chaired by Jean Young, wife of U.N. Ambassador Andrew Young. In Carter's executive order, he noted that "... in 1977 a million children suffered physical abuse from their parents; ten million children in the U.S. have never had any medical care at all; and about half the children in this country have never seen a dentist." Child health is clearly a central issue of the Year of the Child.

While medical progress has enabled much to be done for very critically ill children, the most basic health care needs are still too often neglected. The American Academy of Pediatrics has established a campaign called "Speak up for Children." It is designed to promote awareness of the many health issues affecting the youth of America. Special attention will be placed on accident prevention, nutrition, immunization, and health education.

Although these areas may seem the most primary and easily met of needs, accidents remain the leading cause of death and disability in children; poor nutrition is still prevalent among American families of all classes; many children go unimmunized against diseases that can totally be prevented; and much needs to be done to encourage the early formation of good health habits.

The International Year of the Child is a unique opportunity to both assess the needs of children throughout the world and to strengthen efforts to meet those needs. With its long-standing commitment to improving the lives of children, the Children's Hospital Medical Center enthusiastically supports the goals of this celebration.

Statistical and Financial Report

tatistics

Patient	1978	1977
Number of licensed beds	**335**	343
Inpatients served	**13,051**	13,056
Patient days	**98,580**	98,660
Average stay	**7.5**	7.6
Clinic visits	**115,990**	109,395
Number of clinics	**76**	74
Emergency room visits	**57,872**	60,071
Surgical procedures		
Inpatient	**6,869**	6,754
Outpatient	**2,581**	2,733
Total	**9,450**	9,487
Radiology		
Patient visits	**66,517**	65,698
Procedures performed	**75,065**	75,360
Laboratory tests	**834,816**	711,533

Personnel	
Medical staff	**639**
Dental staff	**30**
Associated scientific staff	**175**
Courtesy staff	**175**
House staff and Fellows	**327**
Nursing staff	**585**
Other full-time employees	**1,758**
Part-time employees	**698**
Volunteers	**712**

eport of the Treasurer

I am happy to have this opportunity to review some of the major financial accomplishments of the past year and to outline a few of our goals for the current fiscal period.

Last year we achieved one of our most important short-range objectives by recording a modest surplus from patient care operations. Equally important was the significant improvement in our cash flow and our ability to meet obligations in a timely manner. We were also able to retire a portion of our long-term debt and to provide the necessary funds to replace obsolete equipment.

The efficient utilization of beds and services contributed to these favorable results and allowed the hospital to operate within the strict budgetary restraints adopted by the regulatory agencies.

In 1979 it is imperative that the hospital establish a long-range financial plan. This is necessary in order to achieve greater financial stability and respond to the legitimate public pressures for greater cost control. Also, we are now in an era of limited resources. The financial plan must define our requirements for replacing buildings and equipment and identify the sources of funds to complete these important projects. It is essential that the plan establish financial goals and policies for not only patient care activities but with respect to sources of non-operating income which are principally our fund-raising activities and income from our endowment fund.

If we are successful in preparing a comprehensive and realistic plan, we will provide the foundation for a strong financial future for the Medical Center.

George W. Phillips
Treasurer

ondensed Balance Sheet: Sept. 30, 1978 and Sept. 30, 1977

Assets	1978	1977
Unrestricted funds:		
Current:		
Cash	**$ 631,716**	$ 351,071
Accounts receivable, net	**13,050,703**	13,256,890
Inventories	**477,369**	475,758
Prepaid expenses	**119,582**	142,258
Total	**14,279,370**	14,225,977
Cash surrender value – deferred compensation	**1,240,309**	1,032,344
Investments, at cost	**13,826,615**	10,551,727
Property, plant and equipment, at cost less accumulated depreciation	**49,071,218**	48,980,302
Total	**78,417,512**	74,790,350
Restricted funds:		
Accounts receivable	**2,875,972**	2,340,155
Investments, at cost	**27,948,813**	27,043,862
Total	**$109,242,297**	$104,174,367

Liabilities and Fund Balances	1978	1977
Unrestricted funds:		
Current:		
Current portion of long-term debt	**$ 250,167**	$ 376,694
Accounts payable and accrued expenses	**7,715,813**	5,613,463
Due to third party payors	**4,651,206**	2,673,975
Deferred revenue	**–**	40,876
Total	**12,617,186**	8,705,008
Long-term debt, excluding current portion	**5,700,961**	11,871,587
Deferred compensation	**1,240,309**	1,032,344
Accrued employees' retirement plan expense	**1,900,416**	1,929,432
Fund balance	**56,958,640**	51,251,979
Total	**78,417,512**	74,790,350
Restricted funds:		
Specific purpose funds	**9,556,472**	8,672,646
Endowment funds	**21,043,707**	20,527,003
Funds held for others	**224,606**	184,368
Total	**$109,242,297**	$104,174,367

tatement of Revenues and Expenses

Year Ended September 30, 1978 and September 30, 1977	1978	1977
Patient service revenue	$ 65,842,918	$ 56,402,979
Adjustments granted (free care, contractual, etc.)	(10,970,751)	(7,696,799)
Net patient service revenue	54,872,167	48,706,180
Other revenue	7,551,528	7,965,797
Total operating revenue	62,423,695	56,671,977
Patient care expenses	61,936,883	57,720,042
Income (loss) from patient care operations	486,812	(1,048,065)
Loss from research, training, etc.	(225,081)	(179,460)
Loss attributable to residential complex	(125,367)	(207,487)
Income (loss) from operations	136,364	(1,435,012)
Non-operating revenue	4,652,048	3,603,350
Excess of revenues over expenditures	$ 4,788,412	$ 2,168,338

Note: The above figures are taken from the audited financial statements for year ending September 30, 1978.

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Administrative Services
Admitting
Ambulatory Services
Animal Facility
Central Supply
Clinical Laboratories
Clinical Services
Communications
Community Services
Continuing Care
Dietary
Environmental Services
Fiscal Services
General Stores
Hospital Engineering
Legal Services
Linen
Management Information Systems
Materials Handling
Medical Records
Message Center
Nursing
Patient Activities
Patient Services
Personnel
Pharmacy
Physical Therapy
Planning
Primary Care Services
Public Relations
Purchasing

Quality Assurance/Professional Services
Radiopharmacy
Research Administration
Resource Development
Respiratory Therapy
Security
Social Services
Special Services
Staff Development (Nursing)
Transfusion Service and Blood Bank
Transportation
Visual Education
Volunteer Services

Outpatient Programs

Adolescent/Young Adult Unit
Allergy Clinic
Ambulatory Surgery Service
Arthritis Clinic
Behavioral Neurology Program
Behavioral Pediatrics Program
Brace Shop (NOPCO)
Cardiac Clinic
Cerebral Palsy Clinic
Child Abuse Programs
Community Services Program
Comprehensive Child Health Program
Craniofacial Clinic
Cystic Fibrosis Clinic
Dental Clinic
Dermatology Clinic
Development of Young Children and Families (Psychiatry)
Developmental Consultation Program
Developmental Evaluation Clinic
Diabetes Unit
Diagnostic Test Center
Dietary Consultation Program
Early Childhood Program
Emergency Services
Endocrine Clinics – Pediatric and Adolescent
Eye Clinic
Family Development Clinic

Gastroenterology – Nutrition Clinic
Genetics Clinic
Genitourinary Clinic
Growth Clinic
Growth Study – Measuring Center
Gynecology Clinic
Combined Orthopaedic – Plastic Hand Clinic
Hearing and Speech Division
Heart Disease Prevention Program
Hematology Clinic
Hemophilia Clinic
Infant Follow-Up Program
Lead Poisoning Clinic
Learning Disabilities Clinic
Massachusetts Poison Information Center
Medical Diagnostic Clinic
Medical Nurse Program
Medical Otitis Media Program
Metabolism Clinic
Myelodysplasia Clinic
Neurology Clinic
Neuromuscular Diseases Clinic
Neuropsychology Services
Neurosurgical Clinic
Optical Services
Oral Surgery
Orofacial Clinic (Children's Hospital)
Orofacial Clinic (Services to Handicapped Children)
Orthopaedic Clinic
Orthopaedic Nurse Program
Orthoptic Clinic
Ostomy Program
Otolaryngology Clinic
Pacemaker Clinic
Pains and Incontinence Program
Physical Therapy Clinic
PKU – Inborn Errors of Metabolism Clinic
Plastic Surgery Clinic
Podiatry Clinic
Preschool Language Program
Preschool Function Program
Prevocational/Vocational Work Experience Program
Prosthetic Clinic
Protein Clinic
Psychiatry Clinic
Psychology Services
Psychosomatic Service
Pulmonary Clinic
Renal Clinic, General
Renal Clinic, Special
School Function Program
Seizure Clinic
Seizure Unit
Sleep Disorder Program
Spanish Consultation Program
Spinal Deformities Clinic
Sports Medicine Division
Surgical Clinic, General
Surgical Nurse Program
Transfusion Program
Weight Control Program
Young Adult Program (Psychiatry)

The Children's Hospital Medical Center

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